| Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number                               |                      |               |                           |                 |                            |                |  |
|---|----------------------|---------------|---------------------------|-----------------|----------------------------|----------------|--|
| Effective on 12/08/2004.  |                      |               | Complete if Known         |                 |                            |                |  |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).   |                      |               | Application Number 10     |                 | 0/624,279                  |                |  |
| FEE TRANSMITTAL   |                      |               | Filing Date July          |                 | ıly 22, 2003               |                |  |
| For FY 2007   |                      |               | First Named Inventor Clif |                 | lifton Lind                |                |  |
| Applicant claims small entity status. See 37 CFR 1.27   |                      |               | Examiner Name Bir         |                 | nh An Duc Nguyen           |                |  |
|   |                      |               | Art Unit 371              |                 | 14                         | 14             |  |
| TOTAL AMOUNT OF PAYMENT   | (\$)                 | 00.00         | Attorney Docket           | No. 98          | 8.1039                     |                |  |
| METHOD OF PAYMENT (check all that apply)  |                      |               |                           |                 |                            |                |  |
| Check Credit Card Money Order None Other (please identify):   |                      |               |                           |                 |                            |                |  |
| Deposit Account Deposit Account Number: 50-3227 Deposit Account Name: The Culbertson Group, P.C.  |                      |               |                           |                 |                            |                |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                      |               |                           |                 |                            |                |  |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee   |                      |               |                           |                 |                            |                |  |
| Charge any additional fee(s) or underpayments of fee(s)   |                      |               |                           |                 |                            |                |  |
| under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card                       |                      |               |                           |                 |                            |                |  |
| information and authorization on PTO-2038.  |                      |               |                           |                 |                            |                |  |
| FEE CALCULATION   |                      |               |                           |                 |                            |                |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |                      |               |                           |                 |                            |                |  |
| FI  | LING FEES<br>Small E | ntity SEAF    | CH FEES<br>Small Entity   | EXAMIN          | ATION FEES<br>Small Entity |                |  |
| Application Type Fee  | e (\$) Fee (         |               | Fee (\$)                  | Fee (\$)        | Fee (\$)                   | Fees Pald (\$) |  |
| Utility 30  | 00 150               | 500           | 250                       | 200             | 100                        |                |  |
| Design 20   | 00 100               | 100           | 50                        | 130             | 65                         |                |  |
| Plant 20  | 00 100               | 300           | 150                       | 160             | 80                         |                |  |
| Reissue 30  | 00 150               | 500           | 250                       | 600             | 300                        |                |  |
| Provisional 20  | 00 100               | 0             | 0                         | 0               | 0                          |                |  |
| 2. EXCESS CLAIM FEES         Small Entity           Fee Description         Fee (\$)           Each claim over 10 (including Reissues)         50           25                          |                      |               |                           |                 |                            |                |  |
| Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  |                      |               |                           |                 | 200                        | 100            |  |
| Multiple dependent claims   |                      | ing reissues) |                           |                 | 360                        | 180            |  |
| Total Claims Extr   | Pald (\$)            |               |                           | ependent Claims |                            |                |  |
| - 20 or HP =  | X                    | =             |                           |                 | Fee (\$)                   | Fee Pald (\$)  |  |
| HP = highest number of total cleims peld for, if greater then 20.  Indep, Claims Extra Claims Fee (\$) Fee Paid (\$)  |                      |               |                           |                 |                            |                |  |
| 3 or HP = x =   |                      |               |                           |                 |                            |                |  |
| HP = highest number of independent cleims paid for, if greater than 3.  3. APPLICATION SIZE FEE   |                      |               |                           |                 |                            |                |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer   |                      |               |                           |                 |                            |                |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50   |                      |               |                           |                 |                            |                |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Sumber of each additional 50 or fraction thereof (round up to a whole number) x  Fee Paid (\$) |                      |               |                           |                 |                            |                |  |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)   |                      |               |                           |                 |                            |                |  |
| Other (e.g., late filing surcharge):  |                      |               |                           |                 |                            |                |  |
| CHRMITTED BY A  |                      |               |                           |                 |                            |                |  |

This collection of information is required by 37 CFR 1.136. The information is registed to obtain or retien a brendit by the spatic value is a fixed by the LUFFO by process) an application. Conflormation of the process of the proce

Signature

Name (Print/Type) Russell D. Culbertson

Registration No. 32,124

Telephone 512.327.8932

Date /8